



DEPARTMENT OF HUMAN SERVICES AND THE SOCIAL
SECURITY ADMINISTRATION INFORMATION EXCHANGE

Client Name:	Client ID Number:
SSN:	Case Number:
Effective date of individuals removal from the FIP case or SSI income effective on the SDA case:	

A	B	C	D	E	F
Month and Year	TOA – None SDA SFIP FFIP	FIP or SDA With SSI Recipient	Grantee Status I/G	FIP or SDA without SSI Recipient	State Funds Due/Retained by DHS
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
TOTAL PAGE #1					
TOTAL PAGE #2					
TOTAL PAGE #3					
TOTAL					

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